

DIVORCE WITHOUT CHILDREN

For Petitioner Only

1

To file for Divorce

Part 1: Petition and First Court Papers
(FORMS PACKET)

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SELF SERVICE CENTER

DISSOLUTION OF NON-COVENANT MARRIAGE (DIVORCE) -- WITHOUT CHILDREN FOR PETITIONER ONLY

PART 1 -- PETITION AND FIRST COURT PAPERS

How to assemble these documents

This packet contains general court forms to file a ***“Petition for Dissolution of a Non-Covenant Marriage (Divorce)—Without Children”*** and other papers. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRDA1ft	Table of forms in this packet	1
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3	DRFN10f	<i>“Family Court Cover Sheet”</i>	2
4	DR11f	<i>“Summons”</i>	2
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SELF SERVICE CENTER

PETITION AND PAPERS FOR “DISSOLUTION OF MARRIAGE - (DIVORCE) WITHOUT CHILDREN” CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ You want to file a petition for divorce **AND**,
- ✓ You do **not** have a “covenant” marriage, or since you were married you have **not** agreed to change your marriage to a “covenant” marriage.

Arizona laws regarding “covenant” marriage went into effect August 21, 1998. See ARS 25-901. If you have a covenant marriage, you and your spouse were asked to sign an affidavit that included a statement similar to this: “We solemnly declare that marriage is a covenant between a man and a woman who agree to live together as husband and wife for as long as they both live. We have chosen each other carefully. We understand that a covenant marriage is for life. If we experience marital difficulties, we commit ourselves to take all reasonable efforts to preserve our marriage, including marital counseling. We declare that our marriage will be bound by Arizona law on covenant marriages and we promise to love, honor and care for one another as husband and wife for the rest of our lives.” (This paperwork will not work if you have a covenant marriage. If you have questions about whether you have a “covenant” marriage, look at your marriage license and/or see a lawyer for help.) **AND**

- ✓ You and your spouse have **no minor children** with each other **AND** the wife is **not** pregnant by the husband or **will not** be pregnant by the husband before the divorce is over, **AND**
- ✓ You or your spouse have lived in Arizona at least 90 days before you file the Petition, or one of you is a member of the armed forces and has been stationed in Arizona at least 90 days before you file, **AND**
- ✓ You believe that the marriage is irretrievably broken (you and your spouse cannot make the marriage work) **AND**
- ✓ You or your spouse have either tried to resolve your problems through Conciliation Court, or there is no point in trying to resolve your problems because the marriage is irretrievably broken.

READ ME: It is very important for you to know that when you sign any court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**Superior Court of Arizona
Maricopa County
Family Court Cover Sheet**

For Use *WITHOUT* Minor Children

Check only one:

- ☐ **Dissolution (Divorce)**
☐ **Legal Separation**
☐ **Annulment**
☐ **Order of Protection**
☐ **Other**

**Case Number (Clerk will stamp
case # when documents are filed)**

Instructions:

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink.
- If more room is needed for Petitioner or Respondent, please attach a separate page.

Information About the Petitioner:

Information About the Respondent:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home phone #: () _____

Home phone #: () _____

Work phone number: () _____

Work phone number: () _____

Cell phone/pager: () _____

Cell phone/pager: () _____

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

E-mail address: _____

E-mail address: _____

Lawyer's Name and Bar Number: _____

(Provide this information only if YOU have an attorney)

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No.

If yes, please describe, and provide case numbers if known: _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify:

Was the Order of Protection granted by the Maricopa County Superior Court?

☐ Yes ☐ No

If No, in what court was the Order of Protection granted?

INTERPRETER: Is an interpreter needed for either of the parties? If so, please check the appropriate boxes below. *NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.*

☐ Petitioner ☐ Respondent Language: ☐ Spanish ☐ Other _____

LOCATION (Check the Superior Court location where you are filing these documents):

☐ Downtown Phoenix ☐ Southeast Regional (Mesa) ☐ Northwest Regional (Surprise)

Name of Person Filing: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without an Attorney) or ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner/Plaintiff

Case No.: _____

SUMMONS

Name of Respondent/Defendant

**WARNING: This is an official document from the court that affects your rights. Read this carefully.
If you do not understand it, contact a lawyer for help.**

FROM THE STATE OF ARIZONA TO _____
Name of Respondent/Defendant

1. A lawsuit has been filed against you. A copy of the lawsuit and other court papers are served on you with this **"Summons"**.
2. If you do not want a judgment or order taken against you without your input, you must file an **"Answer"** or a **"Response"** in writing with the court, and pay the filing fee. If you do not file an **"Answer"** or **"Response"** the other party may be given the relief requested in his/her Petition or Complaint. To file your **"Answer"** or **"Response"** take, or send, the **"Answer"** or **"Response"** to the Office of the Clerk of the Superior Court, 201 West Jefferson Street, Phoenix, Arizona 85003-2205 or the Office of the Clerk of the Superior Court, 222 East Javelina Drive, Mesa, Arizona 85210-6201 or Office of the Clerk of Superior Court, 14264 W. Tierra Buena Lane, Surprise, Arizona, 85374. Mail a copy of your **"Response"** or **"Answer"** to the other party at the address listed on the top of this Summons.
3. If this **"Summons"** and the other court papers were served on you by a registered process server or the Sheriff, within the State of Arizona, your **"Response"** or **"Answer"** must be filed within **TWENTY (20) CALENDAR DAYS** from the date you were served, not counting the day you were served. If this **"Summons"** and the other papers were served on you by a registered process server or the Sheriff outside the State of Arizona, your Response must be filed within **THIRTY (30) CALENDAR DAYS** from the date you were served, not counting the day you were served. Service by a registered process server or the Sheriff is complete when made. Service by Publication is complete thirty (30) days after the date of the first publication.
4. You can get a copy of the court papers filed in this case from the Petitioner at the address at the top of this paper, or from the Clerk of the Superior Court at the address listed in Paragraph 2 above.

5. Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five (5) days before your scheduled court date.

SIGNED AND SEALED this date

MICHAEL JEANES, CLERK OF COURT

By _____
Deputy Clerk

Name of Person Filing: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (without Attorney) or ☐ Attorney for ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner

Case Number: _____

PRELIMINARY INJUNCTION

AND

Name of Respondent

WARNING: This is an official Order from the court. It affects your rights. Read this Order immediately and carefully. If you do not understand it, contact a lawyer for help.

Your spouse has filed a ***“Petition for Dissolution”*** (Divorce) or ***“Petition for Annulment”*** or ***“Petition for Legal Separation”*** with the court. This Order is made at the direction of the Presiding Judge of the Superior Court of Arizona in Maricopa County. This Order has the same force and effect as any order signed by the judge. You and your spouse **must** obey this Order. This Order may be enforced by any remedy available under the law, including an ***“Order of Contempt of Court.”*** To help you understand this Order, we have provided this explanation. Read the explanation and then read the statute itself. **If you have any questions, you should contact a lawyer for help.**

EXPLANATION: (What does this Order mean to you?)

1. **ACTIONS FORBIDDEN BY THIS ORDER:** From the time the ***“Petition for Dissolution”*** (Divorce) or ***“Petition for Annulment”*** or ***“Petition for Legal Separation”*** is filed with the court, until the judge signs the Decree, or until further order of the court, both the Petitioner and the Respondent **shall not** do any of the following things:
- ✓ You may **not** hide earnings or community property from your spouse, **AND**
 - ✓ You may **not** take out a loan on the community property, **AND**
 - ✓ You may **not** sell the community property or give it away to someone, **UNLESS** you have the written permission of your spouse or written permission from the court. The law allows for situations in which you may need to transfer joint or community property as part of the everyday running of a business, or if the sale of community property is necessary to meet necessities of life, such as food, shelter, or clothing, or court fees and attorney fees associated with this action. If this applies to you, you should see a lawyer for help, **AND**
 - ✓ Do **not** harass or bother your spouse or the children, **AND**
 - ✓ Do **not** physically abuse or threaten your spouse or the children, **AND**
 - ✓ Do **not** take the minor children, common to your marriage, out of the State of Arizona for any reasons, without a written agreement between you and your spouse or a Court Order, **before** you take the minor children out of the State.
 - ✓ Do **not** remove, or cause to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.

STATUTORY REQUIREMENTS: Arizona Law, A.R.S. 25-315(A) provides:

- 1(a). **RESTRICTIONS ON PROPERTY OF THE MARRIAGE:** That both parties are enjoined from transferring, encumbering, concealing, selling, or otherwise disposing of any of the joint, common or community property of the parties, **except** if related to the usual course of business, the necessities of life, or court fees and reasonable attorney fees associated with an action filed under this article, without the written consent of the parties or the permission of the court.
- 1(b). **REQUIREMENTS OF BEHAVIOR:** That both parties are enjoined from molesting, harassing, disturbing the peace, or committing an assault or battery on, the person of the other party or any natural or adopted child of the parties.
- 1(c). **RESTRICTIONS ABOUT YOUR MINOR CHILDREN:** That both parties are enjoined from removing any natural or adopted minor child(ren) of the parties, then residing in Arizona, from the jurisdiction of the court without the prior written consent of the parties or the permission of the court.
- 1(d). **RESTRICTIONS ABOUT INSURANCE:** That both parties are enjoined from removing, or causing to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.
2. **EFFECTIVE DATE OF THIS ORDER:** This Order is effective against the person who filed for divorce, annulment, or legal separation (the Petitioner) when the Petition was filed with the court. It is effective against the other party (the Respondent) when it is served on the other party, or on actual notice of the Order, whichever is sooner. This Order shall remain in effect until further order of the court, or the entry of a Decree of Dissolution, Annulment, or Legal Separation.
3. **ORDER TO PETITIONER:** You **must** serve a copy of this Order upon the Respondent, along with a copy of the Petition for Dissolution, Annulment or Legal Separation, the Summons, and other required court papers.
4. **WARNING:** This is an official Court Order. If you disobey this Order, the court may find you in contempt of court. You may also be arrested and prosecuted for the crime of interfering with judicial proceedings and any other crime you may have committed by disobeying this Order.
5. **LAW ENFORCEMENT:** You or your spouse may file a certified copy of this Order with your local law enforcement agency. You may obtain a certified copy from the Clerk of the Court that issues this Order. If any changes are made to this Order and you have filed a certified copy of this Order with your local law enforcement agency, you **must** notify them of the changes.

6. DESCRIPTION OF THE PARTIES:

Petitioner:

Name: _____
Height: _____
Driver's License No.: _____
Date of Birth: _____

Gender: ☐ Male ☐ Female
Weight: _____
Social Security No.: _____

Respondent:

Name: _____
Height: _____
Driver's License No.: _____
Date of Birth: _____

Gender: ☐ Male ☐ Female
Weight: _____
Social Security No.: _____

GIVEN UNDER MY HAND AND THE SEAL OF THE COURT this ____ day of _____, _____.

Clerk of the Superior Court

By: _____, Deputy Clerk

Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Case Number _____

Name of Petitioner

**PETITION FOR DISSOLUTION OF
MARRIAGE (DIVORCE) --
WITHOUT CHILDREN**

AND

Name of Respondent

STATEMENTS TO THE COURT, UNDER OATH

1. INFORMATION ABOUT ME, THE PETITIONER

Name: _____
Address: _____
Date of Birth: _____ Social Security Number: _____
Job Title: _____
Starting with today, number of months/years in a row you, the Petitioner, have lived in Arizona. _____

2. INFORMATION ABOUT MY SPOUSE, THE RESPONDENT

Name: _____
Address: _____
Date of Birth: _____ Social Security Number: _____
Job Title: _____
Starting with today, number of months/years in a row the Respondent has lived in Arizona. _____

3. INFORMATION ABOUT MY MARRIAGE

Date of Marriage: _____
City and state or country where we were married: _____
☐ We **do not** have a covenant marriage. (**WARNING: You cannot use this paperwork, if this statement is not true.** If you have questions about whether you have a covenant marriage or not, review your marriage license, and/or ask a lawyer for help.)

4. 90 DAY REQUIREMENT

☐ I or ☐ my spouse have lived, or have been stationed while a member of the Armed Forces, in Arizona for at least 90 days before I filed this action. (**WARNING: If this statement is not true, you cannot file for a divorce until it becomes true.**)

5.a. COMMUNITY PROPERTY: (Check one box)

☐ My spouse and I **did not** acquire any community property during the marriage, OR

☐ My spouse and I **did** acquire community property during our marriage, and we should divide it as follows:

<input type="checkbox"/> Real estate located at:	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

<input type="checkbox"/> Real estate located at:	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

<input type="checkbox"/> Household furniture and appliances:	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/> Household furnishings:	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/> Other items:	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/> Pension/Retirement fund/profit sharing/stock plan/401K:	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

		Petitioner	Respondent	Value
<input type="checkbox"/>	Motor vehicles:			
	Make _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Model _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	VIN _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Lien Holder _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Make _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Model _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	VIN _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Lien Holder _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

5.b. SEPARATE PROPERTY. (Check all boxes that apply.)

- ☐ I **do not** have any property, or separate property, that I brought into the marriage.
- ☐ My spouse, the Respondent, **does not** have any property, or separate property, that he/she brought into the marriage.
- ☐ I **do** have property, or separate property, that I brought into the marriage. I want this property awarded to me as described below.
- ☐ My spouse, the Respondent, **does have** property, or separate property, that he/she brought into the marriage. I want this property awarded to my spouse as described below.

Separate Property: (List the property and the value of the property, and check the box to tell the court who should get the property.)

Description of Separate Property	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

6.a. COMMUNITY DEBTS: (check one box)

- ☐ My spouse and I **did not** incur any community debts during the marriage, **OR**
- ☐ My spouse and I **did** incur community debts during the marriage and we should divide the responsibility for these debts as follows:

DESCRIPTION OF DEBT	Petitioner	Respondent	Amount Owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

6.b. SEPARATE DEBTS. (Check all boxes that apply.)

- ☐ My spouse and I **do not** have any debt, or separate debt, that were incurred prior to the marriage,
- ☐ I **do** have debt, or separate debt, that I incurred prior to the marriage, that should be paid by me as described below.
- ☐ My spouse **does** have debt, or separate debt, that he/she incurred prior to the marriage, that should be paid by my spouse as described below.

DESCRIPTION OF DEBT**Petitioner****Respondent****Amount Owed**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

\$
\$
\$

7. TAX RETURNS: (Check this box if this is what you want.)

☐ After the judge or commissioner signs the Decree of Dissolution of Marriage (Divorce), the parties will pay federal and state taxes as follows, (subject to IRS Rules and Regulations): For previous years (the years the parties were married, not including the year the Decree was signed), the parties will file joint federal and state income tax returns. In addition, for previous calendar years, both parties will pay, and hold the other harmless from, half of all additional income taxes and other costs, if any, and each will share equally in any refunds. For the calendar year (the year that the Decree is signed) and all future calendar years, each party will file separate federal and state income tax returns. Each party will give the other party all necessary documentation to do so.

8. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (Check the box that applies to you):

- ☐ Neither party is entitled to spousal maintenance/support (alimony), OR
- ☐ Petitioner **OR** ☐ Respondent is entitled to spousal maintenance/support because: (Check one or more of the box(es) below that apply. At least one reason must apply to get spousal maintenance/support.)
- ☐ Person lacks sufficient property to provide for his/her reasonable needs;
- ☐ Person is unable to support himself/herself through appropriate employment;
- ☐ Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
- ☐ Person lacks earning ability in the labor market adequate to support himself/herself; and,
- ☐ Person contributed to the educational opportunities of the other spouse or has a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself/herself.

9. PREGNANCY

- ☐ Wife is **not** pregnant, OR
- ☐ Wife is pregnant
- The baby is due on _____ (date), (and, check one box below):
- ☐ The Petitioner and Respondent **are** the parents of the child, OR
- ☐ Petitioner is **not** the parent of the child, OR
- ☐ Respondent is **not** the parent of the child.

WARNING. If wife is pregnant and the Petitioner and the Respondent are the parents of the child, STOP. YOU MUST FILE THE PAPERS FOR DIVORCE WITH CHILDREN.

10. OTHER STATEMENTS TO THE COURT UNDER OATH: To file for divorce, you must be able to tell the court that the following statements are true. If the statements are not true, you cannot file for divorce until the statements are true. Check the box in front of each statement if the statement is true.

- ☐ TRUE My marriage is irretrievably broken and there is no reasonable prospect of reconciliation. (My marriage is over.)
- ☐ TRUE My spouse and I have attempted to resolve our problem using Conciliation Services, or going to Conciliation Services would not work.

REQUESTS TO THE COURT:

A. DISSOLUTION (DIVORCE):

☐ Dissolve our marriage and return each party to the status of a single person.

B. NAMES:

Restore ☐ wife ☐ husband to her/his former name of _____.

WARNING: If you are **not** the person who is requesting to have your former name restored, the court must have a written request from the party who wants his/her name restored, to change the name.

C. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY):

☐ Order spousal maintenance/support to be paid by ☐ Petitioner, or ☐ Respondent through the Clerk of the Court/Clearinghouse in the amount of \$_____ per month, plus the statutory fee, beginning with the first day of the month **after** the judge or commissioner signs the Decree of Dissolution and continuing until the person receiving spousal maintenance/support is remarried or deceased, or for a period of _____ months.

D. COMMUNITY PROPERTY:

☐ Make a fair division of all community property as requested in this Petition.

E. COMMUNITY DEBTS:

☐ Order each party to pay community debts as requested in the Petition, and to personally pay any other community debts unknown to the other party. Order each party to pay, and hold the other party harmless from, debts incurred by him/her since the parties' separation on (date): _____ or from the date the Respondent was served with the Petition for Dissolution.

F. SEPARATE PROPERTY:

☐ Award each party his/her separate property.

G. OTHER ORDERS I AM REQUESTING (Explain request here):

OATH AND VERIFICATION OF PETITIONER:

STATE OF ARIZONA)
County of Maricopa) ss

I, the Petitioner, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true, correct, and complete to the best of my knowledge and belief.

SIGNED: _____
Petitioner's Signature

Subscribed and sworn to before me this _____ day of _____, _____, by

Petitioner's Name

My Commission Expires: _____
NOTARY PUBLIC: _____

**NOTICE OF YOUR RIGHTS ABOUT
HEALTH INSURANCE COVERAGE
WHEN A PETITION FOR DISSOLUTION (DIVORCE)
IS FILED (A.R.S. 20-1377 and 20-1408)**

WARNING: THIS IS AN IMPORTANT LEGAL NOTICE. YOUR RIGHTS TO HEALTH INSURANCE COVERAGE COULD BE AFFECTED AFTER YOUR DIVORCE IS FINAL. READ THIS NOTICE CAREFULLY. IF YOU DO NOT UNDERSTAND THIS NOTICE, YOU SHOULD CALL AN ATTORNEY FOR ADVICE ABOUT YOUR LEGAL RIGHTS AND OBLIGATIONS.

IMPORTANT INFORMATION IF YOU ARE ON YOUR SPOUSE'S INSURANCE PLAN: When a Petition for Dissolution of Marriage (papers for a divorce decree) is filed, you and/or your children may continue to be covered under your spouse's health insurance policy. Arizona law allows the dependent spouse and/or children to continue to be covered, but you must take some steps to protect your rights.

WHAT INSURANCE COVERAGE APPLIES TO YOU, AND HOW TO GET IT: If you are covered by your spouse's health insurance, and you want to continue to be covered after the divorce is final, you **must** contact the insurance company as soon as possible, and you **must** start to pay the monthly insurance premium within 31 days of the date the insurance would otherwise stop.

If you decide you want to be covered, the insurer can choose whether to continue coverage under the current policy, or to change the policy to your name. If the policy is changed to your name, it is called a "converted"; policy. If the policy is converted by the insurer, the insurer must provide you the same or the most similar level of coverage available, unless you ask for a lower level of coverage.

WHAT COVERAGE APPLIES TO YOUR CHILDREN: If you choose to continue coverage as a dependent spouse, you can also choose to continue coverage for your dependent children if you are responsible for their care or support.

PREEXISTING CONDITIONS OR EXCLUSIONS FROM INSURANCE COVERAGE: Whether the insurance is continued or converted, the insurance must be provided to you without proof of insurability and without exclusions for coverage other than what was previously excluded before the insurance was continued or converted.

LIMITS ON RIGHTS TO INSURANCE COVERAGE FOR YOU AND YOUR CHILDREN: You may **not** be entitled to continued or converted coverage if you are eligible for Medicare or for coverage by other similar types of insurance which together with the continued coverage would make you over-insured. However, dependent children of a person who is eligible for Medicare may be covered by a continuance or a conversion. If you have questions about coverage, check with the insurer and/or the spouse's employer.

WARNING TO THE SPOUSE FILING THE PETITION FOR DISSOLUTION (DIVORCE): This Notice must be served on your spouse together with the Petition for Dissolution, the Summons, and the Preliminary Injunction.

Name of Person Filing: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Representing ☐ Self (Without Attorney) or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner

Case Number: _____

NOTICE REGARDING CREDITORS

Name of Respondent

NEW ARIZONA STATE LAW

On July 18, 2000, A NEW STATE LAW REQUIRED all actions for DIVORCE or LEGAL SEPARATION to include the following NOTICE TO PETITIONER and for PETITIONER TO SERVE this same NOTICE ON RESPONDENT. (ARS 25-318(F).)

YOU AND YOUR SPOUSE ARE RESPONSIBLE FOR COMMUNITY DEBTS. The court usually requires/orders one spouse or the other to pay certain community debts in, or through, the Decree of Dissolution or Legal Separation. A court order that does this is binding on the spouses **only, not the creditors**. You and your spouse are legally responsible for these community debts whether you are married, divorced, or legally separated. These debts are matters of contract between **both of you** and your creditors (such as banks, credit unions, credit card companies, utility companies, medical providers and retailers). On request, the court may impose a lien against the separate property of a spouse to secure payment of certain community debts.

CONTACT CREDITORS: You may want to contact your creditors to discuss the debts and the effects of your divorce/legal separation on your debts. To assist you in identifying your creditors, you may obtain a copy of your spouse's credit report by making a written request to the court for an order requiring a credit reporting agency to release the report to you. The credit report will help you identify accounts, account numbers and account balances. In addition, within thirty **(30)** days after receipt of a request from a spouse who is party to a divorce or legal separation, which includes the court and cause number of the action, creditors are required, by law, to provide information as to the balance and account status of any debts for which you or your spouse may be liable to the creditor.

WARNING: If you do not understand this notice, you should contact an attorney for advice about your legal rights and obligations.

You may wish to use the attached form, or one that is similar, to contact your creditors. **Do not file the attached form with the court.**

REQUEST FOR ACCOUNT INFORMATION FROM CREDITOR(S)

DATE: _____

CREDITOR'S NAME: _____

CREDITOR'S ADDRESS: _____

Regarding: Superior Court of Arizona in Maricopa County
Case Name: _____
Case Number: _____

Pursuant to Arizona State Law (ARS 35-318), this letter requests the balance and account status of any debt for which the following individuals may be liable to you. (Arizona law requires that you provide this information within thirty (30) days of receipt of this letter.)

INFORMATION ABOUT DEBTORS/SPOUSES:

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your Spouse's Name: _____

Your Spouse's Address: _____

INFORMATION ABOUT THE ACCOUNT:

Account Number(s): _____

If you have any questions or if I can be of further assistance, please feel free to contact me.

Sincerely,

Your name: _____

Your signature: _____